

**SUFFOLK COUNTY CHILD SUPPORT ENFORCEMENT BUREAU**

**INTAKE QUESTIONNAIRE**

**NOTE: You are the Petitioner/Custodian. The person who should be paying support is the Respondent/Non-Custodial Parent.**

1. Have you ever contacted another child support office?: No\_\_\_\_\_ Yes\_\_\_\_\_ (If yes, please indicate the state and county and year and what happened with your case):

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2. If your mailing address is different from your residence given on the application, please give your mailing address:

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3. Please fill in the following additional information regarding the children for whom you are seeking support.

	NAME	SEX (M/F)	SOCIAL SECURITY NUMBER	IS LEGAL PATERNITY AN ISSUE? YES/NO	DOES THIS CHILD LIVE WITH YOU? YES/NO
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					

4. If the Respondent's home address is "not current", when did he/she last live there?

\_\_\_\_\_  
(date)

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5. If Respondent's employer is "not current" when did he/she last work there?

\_\_\_\_\_

(date)

6. What is the Respondent's salary/income if you know? \$\_\_\_\_\_ per \_\_\_\_\_  
(week/month/year)

7. If Respondent has assets (home, car, boat, stocks, etc.)

Please list: a. \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

d. \_\_\_\_\_

8. If Respondent has other sources of income other than salary from employment (insurance settlement, pension, interest from investment, etc.)

Please list: a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

9. If you don't know Respondent's exact employer, please indicate what type of work he/she usually does when working

10. Is Respondent a union member? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name, address, phone number of union if you know it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

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11. Was Respondent in the military service?

Yes \_\_\_\_\_ No \_\_\_\_\_ I don't know \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

What were years of service? From \_\_\_\_\_ To \_\_\_\_\_

Does he/she receive VA benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \_\_\_\_\_

12. Was Respondent ever arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ I don't know \_\_\_\_\_

If yes, what for: \_\_\_\_\_

and what year? \_\_\_\_\_

13. Is Respondent known by any aliases? If yes, what are they \_\_\_\_\_

14. Please answer these questions regarding the respondent:

his/her city and state of birth \_\_\_\_\_

his/her father's full name \_\_\_\_\_

his/her mother's first and maiden name \_\_\_\_\_

his/her race/ethnic group \_\_\_\_\_

his/her height \_\_\_\_\_

his/her weight \_\_\_\_\_

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his/her hair color \_\_\_\_\_

his/her eye color \_\_\_\_\_

describe his/her complexion \_\_\_\_\_

describe his/her other distinguishing physical characteristics (e.g.tattoos,visible disabilities, glasses,etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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15. What is your relationship to the Respondent? (check all that apply to your situation)

☐

Never married to each other

☐

Married on \_\_\_\_\_ in \_\_\_\_\_

(date)

(city and state)

☐

Married by common law for the period of \_\_\_\_\_

(starting date – ending date)

in \_\_\_\_\_

(city and state)

☐

Separated on \_\_\_\_\_

(date)

☐

Legally separated on \_\_\_\_\_ in \_\_\_\_\_

(date)

(city and state)

☐

Divorced on \_\_\_\_\_ in \_\_\_\_\_

(date)

(city and state)

☐

Divorce is pending in court \_\_\_\_\_

(city and state)

☐

Other relationship (explain): \_\_\_\_\_

16. Please answer according to your situation:

I already have a valid court order against the Respondent for the support of the child(ren) listed in number 2.

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Is the Respondent paying according to the court order? Yes \_\_\_\_\_ No \_\_\_\_\_

Please fill in the following:

Court Order number, docket number or index number \_\_\_\_\_

Date of Order \_\_\_\_\_

Name of Court that issued order, city, state and address of court (e.g. Family Court, Supreme Court, Hauppauge, New York)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Please answer according to your situation:

Amount of order and frequency of order (e.g. \$75 per week, \$100 per month, etc.) \_\_\_\_\_

What date was the first payment due? \_\_\_\_\_

What date did you receive your last payment? \_\_\_\_\_

If Respondent is in arrears, what is the amount of the arrears due to you? \_\_\_\_\_

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If your order is a divorce and if it includes spousal support, what is the amount and frequency of that part of your order? \_\_\_\_\_

What are your spousal support arrears, if any? \_\_\_\_\_

Was medical support ordered? \_\_\_\_\_

Amount of medical arrears, if any \_\_\_\_\_

18. It is a requirement under New York State Law that medical support be ordered for dependents when a child support order is entered. Since the court will look at health coverage available to both parents, you must be prepared to provide at your court hearing documentation of any and all medical insurance available to you, whether or not you are presently enrolled, including costs, benefits, accessibility of providers and plan identification numbers. The court will also require this of the Respondent. **Even if you have worked out a voluntary agreement with the Respondent, all information must still be provided to the court.** Please complete the following:

a. Are dependents for whom support is sought presently covered by medical insurance?

Yes\_\_\_\_ No\_\_\_\_ Unknown\_\_\_\_

b. Is spouse for whom support is being sought covered by medical insurance?

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Yes \_\_\_\_

No \_\_\_\_

Unknown \_\_\_\_

c. If a and b are no, skip to letter d

Medical coverage is provided by:	(Enter information here)	For Dependent Children	For Spouse
Petitioner/Custodian			
Petitioner's Insurance Co:			
Policy No.:			
Petitioner's Employer:			
State Medicaid			
Policy No.:			
Respondent's(Non-Custodial's) Employer:			
Insurance Co:			
Policy No.:			
Other Insurance Co.:			
Policy No.:			

18. c.(continued...)

The monthly cost paid by the Petitioner for medical insurance for the Respondent's children only is:

\$ \_\_\_\_\_

(If the Petitioner or the Petitioner's employer provides medical insurance, skip to e.)

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d. The Petitioner can purchase needed medical insurance at a monthly cost of :

\$ \_\_\_\_\_

e. Were the children ever covered by medical insurance provided by Respondent or his/her current employer?

Yes \_\_\_\_ No \_\_\_\_

f. Do any of the Respondent's children have special needs or extraordinary medical expenses not covered by insurance? (If yes, explain)

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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